



PTO/SB/21 (04-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/660,366
Filing Date	September 11, 2003
First Named Inventor	Lurie, Keith
Art Unit	3743
Examiner Name	Andrea M. Ragonese
Attorney Docket Number	016354-005400US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Darin J. Gibby	Reg. No. 38,464
Signature		
Date	August 16, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Connie Larson		
Signature		Date	August 16, 2004

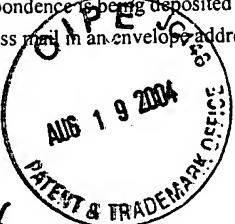
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Alexandria, VA 22313-1450

On Aug 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Lurie



PATENT
Attorney Docket No. 016354-005400US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith G. Lurie

Application No.: 10/660,366

Filed: September 11, 2003

For: BAG-VALVE RESUSCITATION FOR
TREATMENT OF HYPOTENSION, HEAD
TRAUMA, AND CARDIAC ARREST

Art Unit: 3743

Examiner: Andrea M. Ragonese

Confirmation No. 5478

**RESPONSE TO RESTRICTION
REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement mailed July 1, 2004, Applicants hereby elect the claims of Group I, i.e., claims 1-19 and 35, and Species I-A, i.e., claims 1-17. Accordingly, please cancel claims 20-34, without prejudice. The election to the restriction requirement is made without traverse. The election of Species I-A is made with traverse. Each of claims 1-19 and 35 relate to enhancing venous return to the heart by extracting respiratory gases from the airway to create an intrathoracic vacuum.

Respectfully submitted,
Darin J. Gibby
Reg. No. 38,464

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